

The purpose of the Community Support and Recovery Plan (CSRP) grant program is to support residents and local organizations responding to the fiscal challenges and community impacts of the COVID-19 pandemic. The completion of this Final Report is necessary to maintain financial accountability – it enables the City to account for how grant funds were spent.

To satisfy the final reporting requirement:

1. Use checklist below and include all applicable attachments:

- Answer all questions in the Final Report
- Must be typed
- Must have a signature of one authorized board member or employee; **scanned signature is OK**

PANDEMIC RESPONSE STREAM

- Attach relevant evaluation tools (survey/questionnaire/etc.) used to measure outcomes of Project/Event/Activity
- Attach examples of grant support recognition; (e.g. your publications or website using our logo)
- Attach photographs related to the Project/Event/Activity for the City of Coquitlam to use in displays, publications or reports
- **Reimbursement grant:** Include photocopies of receipts/invoices for eligible costs covered using the CSRP grant funds as listed in Section 3 – a cheque will only be issued for eligible expenses up to the maximum amount stated in your award letter

REVENUE REPLACEMENT STREAM

- Describe how CSRP funds have been used

2. Submit Final Report within 30 days of project/event/activity completion or grant funds being spent, to the City of Coquitlam, Grant Coordinator:

- Email: communitygrant@coquitlam.ca
- Mail or in person to:
City of Coquitlam
Attention: PRCF – CSRP Grant Coordinator
3000 Guildford Way
Coquitlam, BC V3B 7N2

If you have any questions about completing the Final Report, please contact the Grant Coordinator:

- Telephone: **604-306-1736** or **604-927-3547**
- Email: communitygrant@coquitlam.ca

**Completion of the final report is necessary to be eligible
for City of Coquitlam grant funding in the future.**

SECTION 1 – Contact Information

- a. Organization Name: _____
- b. Contact Name: _____ Position/Title: _____
- Phone: _____ Email: _____

SECTION 2 – CSRP Funding Outcomes

- a. Type of funding received: Panemic Response Revenue Replacement
- b. Project Name: _____
- c. Project Completion Date: _____
- d. Summarize the results of the project, please include information about any challenges you faced:
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- e. Discuss any anticipated long-term impacts of the CSRP grant funding (learnings/opportunities/changes/etc).

Application Continues on Next Page

SECTION 3 – Financial Accountability

a. Amount of CSRP funding received: Pandemic Response \$ _____ Revenue Replacement \$ _____

b. List expenses covered by CSRP Pandemic Response grant (must align with expenses listed on the grant award letter).

c. Summarize costs covered by the CSRP Revenue Replacement grant.

SECTION 4 – Authorized Signature

Printed Name _____

Signature _____

Position/Title _____

Date _____